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Indiana Eligibility Modernization

V-CAN Training – Region 1

July/August 2007



Contents

- Modernization Objectives
- V-CAN Overview
- Applying for Benefits in the New System
- Managing Benefits in the New System
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Note: This presentation includes previews of processes still in development. If changes to these processes are made, we will update this presentation on www.in.gov/fssa.

Modernization Objectives

- Service
- Self-Sufficiency
- Accuracy
- Stewardship of Taxpayer Dollars
- Employee Protection

Why Change is Needed

■ Problems with the Current System

- Inconvenience
 - Multiple visits to local office
 - Clients can only communicate with assigned caseworker
- Lack of Self-Sufficiency
 - Work participation rate is 24% (Federal requirement – 50%)
 - Delays in getting engaged in job training and placement
- Low Accuracy
 - High case error rates impact Hoosier taxpayers
 - System does not have enough protections against fraud

What Changes in the New System

- More ways to apply for TANF, Food Stamps and Medicaid. Applicants can:
 - Start an application on the Internet (available 24 hours a day);
 - Call a toll-free number from 7:00 am - 7:00 pm, local time Monday – Friday to start an application or ask questions;
 - Mail or FAX copies of required application documents (such as rent receipts or pay stubs); or
 - Visit a county office in person (an office will remain in each county in the new system).
- More ways to check on status of application or benefits
 - Call a toll-free, 24-hour phone system to get information
 - On the Internet, 24-hours a day
- Data collection and electronic storage
 - Application and supporting documents will be scanned and stored electronically

[illegible]

Voluntary Community Assistance Network

V-CAN Overview

- Voluntary Community Assistance Network (V-CAN)
 - A formalized network of community organizations and service providers to serve our mutual clients
 - Activities for participants are limited to **information, referrals and/or access** for clients who wish to apply for assistance
- All participation in the V-CAN is voluntary

Goals of the V-CAN

■ Information Sharing with Clients

- V-CAN Members will receive information via email and bi-monthly newsletters from the IBM-led Coalition about Eligibility Modernization.
- V-CAN Members will receive tools such as posters, tip cards and postcards on ways clients can apply for public assistance benefits

■ Improved Access for Clients

- V-CAN Members provide clients with the option of using a computer to access the Internet and/or telephone to contact the Call Center
- Clients can apply for or manage benefits when and where it is convenient for them

Levels of Participation

■ Access Points

- Provide access to new application tools, like the Internet application, Call Center toll-free number or FAX machine
- Can serve current clients only, or the public
- Can provide access to one or more of the tools available
- Receive client educational materials provided to Referral members (see following slide) and Informational Updates
- Receive client support materials, including:
 - Internet roll-menu to place by PCs with website and “Getting Started” instructions
 - Call Center tip cards for individuals calling the toll-free number

Levels of Participation (cont.)

■ Referral

- Display and share information regarding changes to the public assistance eligibility system with clients
- Receive Informational Updates (see following slide)
- Receive client educational materials, including:
 - Posters with information about new application tools, changes to the eligibility system, etc.
 - Postcards to distribute to interested clients about new tools and changes.

Levels of Participation (cont.)

■ Informational

- Receive Informational Updates via e-mail regarding Eligibility Modernization
 - Notification of newsletters available online
 - Invitations to future training regarding Eligibility Modernization

How Do I Join?

- Online Registration

- Visit www.in.gov/fssa and click “Eligibility Modernization”
- Complete the V-CAN Registration form

- On-Site Registration

- The IBM-led Coalition will register organizations at V-CAN Training Sessions in each region, two to three months before implementation of the new system.
- Registration forms are available - you can complete and submit a V-CAN Registration form today!

Applying for Benefits in the New System

V-CAN
(or home, library, etc.)



Call Center



Internet



Local Office

Internet Application – Overview



**Step 1 – Complete
screening and view
results**



**Step 2– Apply for benefits,
sign and submit required
documents**

Note: Applicants are not required to complete the screening prior to applying for benefits. If desired, applicants can select “Apply Online” and go directly to the online application.

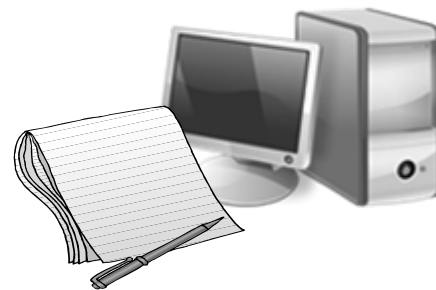
Internet Application – Step 1

■ Step 1: Complete screening



- Applicants will complete the screening (similar to QualCheck used today) in English or Spanish.
- Applicants will answer questions related to household members, employment, income and resources.



**Step 1 – Complete
screening and view
results**



**Step 2 - Apply for benefits,
sign and submit required
documents**


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Screen for Services

Help

What Is Screening?

Start by answering the 15 minute self-screening questions. This will help you find out what Indiana State Benefits you may be able to get if you apply. You will be asked questions about you and the people who live with you.

What Information Do I Need?

Please gather the following information to help you answer questions:

- **Household financial information**, such as:
 - Money spent on rent, house payments or heating and cooling
 - Cash on hand or money in a bank account
 - Income from a job or training
 - Payments for adult or child care
 - Unearned Income such as Social Security, SSI, child support, unemployment benefits
- **Benefits** you get now or have gotten in the past (for example, Medicaid, Medicare, Social Security, veteran's benefits, etc.)
- **Medical information** related to you and the people who live with you

What Happens When I am Finished?


After you answer the questions, you will know if you might be able to get Food Stamps, Cash Assistance, or Health Coverage. Please remember that this is a basic screening tool, not a final decision about whether you can get these programs. You can choose to apply at any time even if the screening results show you may not be eligible.


For the State to decide if you are eligible to receive benefits, you must complete and submit an Indiana Application for Assistance. Follow the steps to Print and Mail your signed application to begin the application process. Instead of printing and mailing the application, you may want to follow the steps and apply online.

The answers you give are secure and will be kept private.

Cancel

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Let's Get Started

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Enter the information about the person who wants to get help. If you are completing the screening for someone else, enter that person's information. Then click **Next**.

The answers you give are secure and will be kept private.

Note: All items marked with a (*) need to be answered to complete screening.

Personal Information

* First Name:



* Last Name:

Suffix:

* Date of Birth: mm/dd/yyyy

* Sex:

* Including yourself, how many people live with you?


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Individual Details
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Start Household Relationships Resources Income Expenses Summary Results

Tell Us More about Each Person You Live with

For the person whose name is shown below, check the box to the right of the question if the answer is **Yes**. Then click **Next**.


Note: If there is a child who gets Child Support, check Yes for Unearned Income for the child.

Personal Details


Answer the Questions for the following Household Member: **James Smith**

Is this person a U.S. Citizen?	<input type="checkbox"/>
Is this person a migrant or seasonal farm worker?	<input type="checkbox"/>
Is this person Disabled?	<input type="checkbox"/>
Is this person Blind?	<input type="checkbox"/>
Does this person have Medicare Insurance?	<input type="checkbox"/>
Does this person have Private Health Insurance?	<input type="checkbox"/>
Was this person in Foster Care on his 18 th birthday?	<input type="checkbox"/>
Does this person have any Resources ? (Cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc.)	<input type="checkbox"/>
Does this person have any Earned Income ? (Money from a job or self-employment)	<input type="checkbox"/>
Does this person have any Unearned Income ? (Money received from Social Security, SSI, unemployment benefits, Child Support which is associated with the child, etc.)	<input type="checkbox"/>
Does this household have any Shelter Expenses ? (Expenses such as rent, mortgage, heating and cooling)	<input type="checkbox"/>
Does this person have any Medical Expenses ?	<input type="checkbox"/>
Does this person buy and prepare meals with household?	<input type="checkbox"/>

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How Members are Related

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How are the people who live with you related to each other?


Select how the people who live with you are related from the list between the members shown below.
 Click **Next** to select how the remaining members are related.

How Members are Related

James Smith	is the Spouse of	Mary Smith
-------------	------------------	------------

Cancel

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Summary of How Members are Related [Help](#)

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Please check how the people you live with are related. If you made a mistake, click on **Change** next to that person's information to correct the mistake. When all of the information is correct, click **Next**.

Action	Household Member	How Related	Related Household Member
Change	James Smith	is the Spouse of	Mary Smith
Change	James Smith	is the Step Father of	Linda Smith
Change	Mary Smith	is the Mother of	Linda Smith

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Add Resources

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Tell Us about Your Resources

Resources are cash on hand, checking or savings accounts, certificates of deposit, retirement accounts, stocks, bonds, etc. Repeat the process until all resources for that member are listed below.

Select the resource type and enter the resource amount for the member shown and click **Save Resource**. Click **Next** to add resources for the next member.

Click **Change** to make changes to a member's resource or **Remove** to remove a listed resource.

Note: All items marked with a (*) need to be answered to complete screening.

Resources for James Smith

James Smith

Type


Amount


Save Resource

Actions	Name	Resource Type	\$ Total Value
Change Remove	James Smith	Cash	300.00
Change Remove	James Smith	Savings Account	500.00
Change Remove	James Smith	Checking Account	1000.00

Cancel

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These are all the resources that you listed for yourself and the people you live with. Check the list below and click **Change** or **Remove** to either make changes to a member's resource or to remove a listed resource. If there is another resource to add, click **Add Resource**.

Click **Next** when all the resources are listed and correct.

Household Resource Summary				
Actions		Name	Resource Type	\$ Total Value
Change	Remove	James Smith	Cash	300.00
Change	Remove	James Smith	Savings Account	500.00
Change	Remove	James Smith	Checking Account	1000.00

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[Add Resource](#)
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Add Earned Income

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Start Household Relationships Resources **Income** Expenses Summary Results

Tell Us about Your Earned Income

Earned income is money received from a job working for someone else or working for yourself.



Select the Income Type, how often it is received, and the Gross Income Amount (total income amount before taxes) for the member and click **Save Income**. Repeat until all income for that member is listed. Click **Next** and go to the next member to add their income. Click **Change** or **Remove** to update the listed income sources.

Note: All items marked with a (*) need to be answered to complete screening.

Earned Income for James Smith

James Smith * * * **Save Income**

Actions	Name	Income Type	How Often Received	\$ Amount
<div> Cancel Next > </div>				


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Add Unearned Income

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Tell Us about Your Unearned Income

Unearned income is money received from places other than a job or working for yourself, such as Social Security, SSI, Child Support, unemployment benefits, etc.

Select the Unearned Income Type, how often received, and the Gross Income Amount (total income amount before taxes) for the member and click **Save Income**. Repeat until all income for that member is listed below.

Click **Next** to go to the next member. Click **Change** or **Remove** to either make changes to a member's unearned income or to remove a listed unearned income source.


Note: All items marked with a (*) need to be answered to complete screening.

Unearned Income for Linda Smith


Linda Smith
*
Type
*
How often received
*
Amount
Save Income

Actions	Name	Unearned Income Type	How Often Received	\$ Amount
Change Remove	James Smith	SSI	Monthly	200.00
Change Remove	Linda Smith	Child Support	Monthly	500.00

Cancel
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Add Shelter Expenses

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Tell Us about Your Shelter Expenses

A shelter expense is money paid monthly for rent, mortgage, heating and cooling your home. Select the Expense Type, and the Monthly Expense Amount for the member and click **Save Expense**. Repeat until all expenses for that member are listed below.

Click **Next**. Click **Change** or **Remove** to update the listed expense.

Note: All items marked with a (*) need to be answered to complete screening.


Shelter Expenses for James Smith


James Smith * * [Save Expense](#)

Actions	Name	Expense Type	\$ Monthly Amount
Change Remove	James Smith	Rent or Mortgage	1000.00
Change Remove	James Smith	Heat/Cool your Home	150.00

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Add Medical Expenses

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✓ Resources

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Tell Us about Your Medical Expenses

Enter the Medical Expense Amount for the member and click **Save Expense**.

Click **Next** to go to the next member. Click **Change** or **Remove** to update the listed expense.

Note: All items marked with a (*) need to be answered to complete screening.

Medical Expenses for James Smith

James Smith *


Amount

Save Expense


Actions	Name	\$ Amount
Change Remove	James Smith	580.00

Cancel

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Summary of Expenses

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You have indicated that these are the rent/mortgage, heating and cooling expenses for your household. Review the list below and click **Change** or **Remove** to either make changes to a member's expenses or to remove a listed expense. If there is another expense to add, click **Add Shelter Expense** or **Add Medical Expense**.

Click **Next** when the expenses are correct and complete.

Summary of Shelter Expenses

Actions	Name	Expense Type	\$ Monthly Amount
Change Remove	James Smith	Rent or Mortgage	1000.00
Change Remove	James Smith	Heat/Cool your Home	150.00

Summary of Medical Expenses

Actions	Name	\$ Amount
Change Remove	James Smith	30.00


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Add Shelter Expense


Add Medical Expense

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Results

Help

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You have completed the screening questions and your answers have been compared with basic rules for people to get Food Stamps, Cash Assistance, and Health Coverage. Based on the answers you gave, the results of this screening are shown below. **Please note that the results are not a final decision about whether or not you can get Food Stamps, Cash Assistance, and Health Coverage. To find out if you and the people who live with you can get benefits, you must apply.** You have the right to apply even if the screening results show you may not be eligible. The screening tool thinks that you and the people you live with live in Indiana.

Click **Next** to apply. If you do not wish to apply, your screening answers will not be saved when you click Cancel.

[Find out common reasons](#) why people may be not be eligible for Food Stamps, Cash Assistance, and Health Coverage.

Individuals Potentially Eligible for Programs Listed Below	
Program	Names
Cash Assistance (TANF)	James Smith, Mary Smith,

Individuals May Not be Potentially Eligible for Programs Listed Below	
Program	Names
Food Stamps	James Smith, Mary Smith, Bobby Smith, Linda Smith
Health Coverage (Medicaid)	James Smith, Mary Smith, Bobby Smith, Linda Smith

Internet Application – Step 2

■ Step 2: Apply for benefits


- After screening, applicants can apply for any or all programs.
- Applicants can choose how to complete the application:
 - Enter information into online application (to print, sign and send in)
 - Print application where they are (to finish on paper, sign and send in)
 - Have application mailed to them (to finish on paper, sign and send in)
- Applicant can send the application and supporting documents to the Document Center through the mail, FAX or drop it off at a local DFR office.




Step 1 - Complete screening and view results



Step 2 - Apply for benefits, sign and submit required documents



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Apply for Programs

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The programs already checked are those which one or more people may be able to get, based on the screening results. If you do not want to apply for a checked program, click on the box to remove the check mark. If you want to apply for a program that is not checked, click the box next to the program.

Please call Indiana Family and Social Services toll free at 1-800-XXX-XXXX between 7 am – 7 pm EST if you have any questions.

To apply, click **Print Application**, **Mail Application**, or **Apply Online**

If you do not wish to apply, your screening answers will not be saved when you click Cancel.

Apply for the Selected Programs


Programs
<input type="checkbox"/> Food Stamps
<input checked="" type="checkbox"/> Cash Assistance (TANF)
<input type="checkbox"/> Health Coverage (Medicaid)

[Cancel](#)


[Print Application](#)

[Mail Application](#)

[Apply Online](#)



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Print Application

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Please enter the following information including the name and address for the person who is applying.

Note: All items marked with a (*) are needed to print the application.

Applicant Personal Information

* First Name:

* Last Name:

Middle Initial:

Date of Birth: mm/dd/yyyy

Sex:

Applicant Address

* Address 1:



Address 2:

Apt/Suite:

* City:

* State:

* Zip:


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Mail Application [Help](#)

If you would like us to mail the application, please enter the following information for the person who is applying. Enter the address where you would like the application to be mailed.

Note: All items marked with a (*) are needed to mail the application.

Applicant Personal Information


* First Name:	<input type="text"/>
* Last Name:	<input type="text"/>
Middle Initial:	<input type="text"/>
Date of Birth:	<input type="text"/> mm/dd/yyyy
Sex:	<input type="text" value="Select"/>

If the application is being mailed to someone other than the person applying, please enter that person's name in the **In Care Of** field.


Address to Send Application

In Care of:	<input type="text"/>
* Address 1:	<input type="text"/>
Address 2:	<input type="text"/>
Apt/Suite:	<input type="text"/>
* City:	<input type="text"/>
* State:	<input type="text" value="Select"/>
* Zip:	<input type="text"/>

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Apply for Programs

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The programs already checked are those which one or more people may be able to get, based on the screening results. If you do not want to apply for a checked program, click on the box to remove the check mark. If you want to apply for a program that is not checked, click the box next to the program.

Please call Indiana Family and Social Services toll free at 1-800-XXX-XXXX between 7 am – 7 pm EST if you have any questions.

To apply, click **Print Application**, **Mail Application**, or **Apply Online**

If you do not wish to apply, your screening answers will not be saved when you click Cancel.

Apply for the Selected Programs

Programs

- ☐ Food Stamps
- ☒ Cash Assistance (TANF)
- ☐ Health Coverage (Medicaid)


Cancel


Print Application

Mail Application

Apply Online

Internet Application – Step 2 (cont.)


Indiana Application for Assistance
 State Form FI 2512


 DFRAAA01AAAAAA0

Section A: General Information Important: Complete this application using Black or Blue pen.

Instructions: Give all information possible. Your application will be valid if you at least provide your name and address, identify one type of assistance you are applying for, and sign the form. We will provide the help you need to complete this application process. If you need help, please contact an FSSA Office or call toll free 1-877-274-0006. The information obtained on this form is confidential under state and federal regulations, including 470 IAC 1-2-7, 470 IAC 1-3-1, 470 IAC 6-1-1, 405 IAC 1-1-12, 45 CFR 205.50, 7 CFR 272.1(c), and 42 CFR 431.300. This information will not be released except as permitted or required by law or with the consent of the applicant/recipient. Food Stamps are provided from the date we receive your application. Medicaid benefits can begin no earlier than three months prior to the month of application. Therefore, you should file your application as soon as possible. Your application for Food Stamps may receive special expedited processing if your household has little or no income, or you are a migrant or seasonal farm worker. This means that you may be entitled to receive your Food Stamps within seven days after the date we receive your application. To see if you qualify for expedited processing, you must complete Section B. FSSA must determine your eligibility for Food Stamps within 30 days if you are not entitled to expedited service, and your eligibility for Cash and Medicaid within 45 days, with one exception. If your Medicaid eligibility is being determined under the Disability category, your eligibility must be determined within 90 days. Once your application is received you will be contacted regarding an interview appointment. If you cannot keep this appointment, you must reschedule it. If you do not reschedule your appointment within 30 days after you filed your application, your application will be denied. Please provide as much information as you can to help us determine your eligibility quickly.

1. I would like to apply for: ☐ All Programs ☐ Food Stamps ☐ Health Coverage ☒ **Cash Assistance**

2. If applying for Health Coverage, is this related to a Medicaid Facility or Medicaid Waiver Services? ☐ Yes ☐ No

3. I am completing this application for: ☒ **Myself** ☐ Someone Else If you are completing this application for someone else, answer the questions with information about their household. You may sign Section A below and submit the application. However, you and the applicant must complete Section D including the signatures.

4. First Name: **James** MI: Last Name: **Smith** Suffix:

5. Phone Number: **317 555 1234** 6. Cell Phone: 7. Work Number:

8. Home Address - Number: **121** Street: **Main Street** Apartment / Lot:

City: **Anderson** State: **IN** Zip Code: **46012** County:

9. Mailing Address: (If different than above)

City: State: Zip Code:

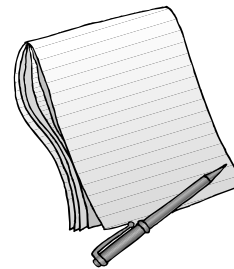
OFFICIAL USE ONLY

BREAK

Call Center – Overview



**Step 1 - Applicant
answers questions with
a Call Center
Representative**



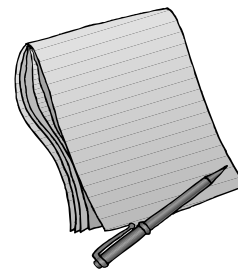
**Step 2 – Applicant
completes, signs and
submits application**

Call Center – Step 1

- **Step 1: Applicant answers questions with a Call Center Representative**
 - Applicant begins application by answering screening questions regarding household, income and expenses on the phone with a Call Center Representative (in English or Spanish).
 - Call Center mails partially-completed application to applicant.



Step 1- Applicant answers questions with a Call Center Representative



Step 2 – Applicant completes, signs and submits application

Call Center – Step 2

■ Step 2: Applicant completes, signs and submits application

- Applicant receives application and list of required documents from Service Center and fills out remaining information.
- Applicant signs application, makes copies of required documents, and mails or FAXes packet to Document Center or takes it to a local DFR office.



Step 1- Applicant answers questions with a Call Center Representative

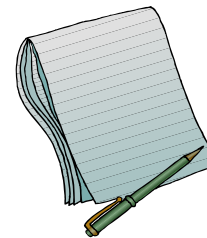


Step 2 – Applicant completes, signs and submits application

Local Office – Overview



Step 1 - Applicant starts application at a local DFR office



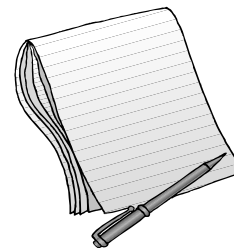
Step 2 – Applicant completes, signs and submits application

Local Office – Step 1

- **Step 1: Applicant starts application at local DFR office**
 - Applicants can visit a local DFR office to apply using any method:
 - ✓ In-person with a Caseworker
 - ✓ Internet
 - ✓ Call Center
 - ✓ Paper Application



Step 1 - Applicant starts application at a local DFR office



Step 2 – Applicant completes, signs and submits application

Local Office – Step 2

- **Step 2: Applicant completes application, signs and submits**
 - When application is complete, Applicant will:
 - Print the application (if using the Internet);
 - Request that the application be mailed (if using the Call Center); or
 - Sign the application (if using the paper application or being interviewed).
 - Applicant submits copies of required documents at Local DFR Office or by mail or FAX to the Document Center.

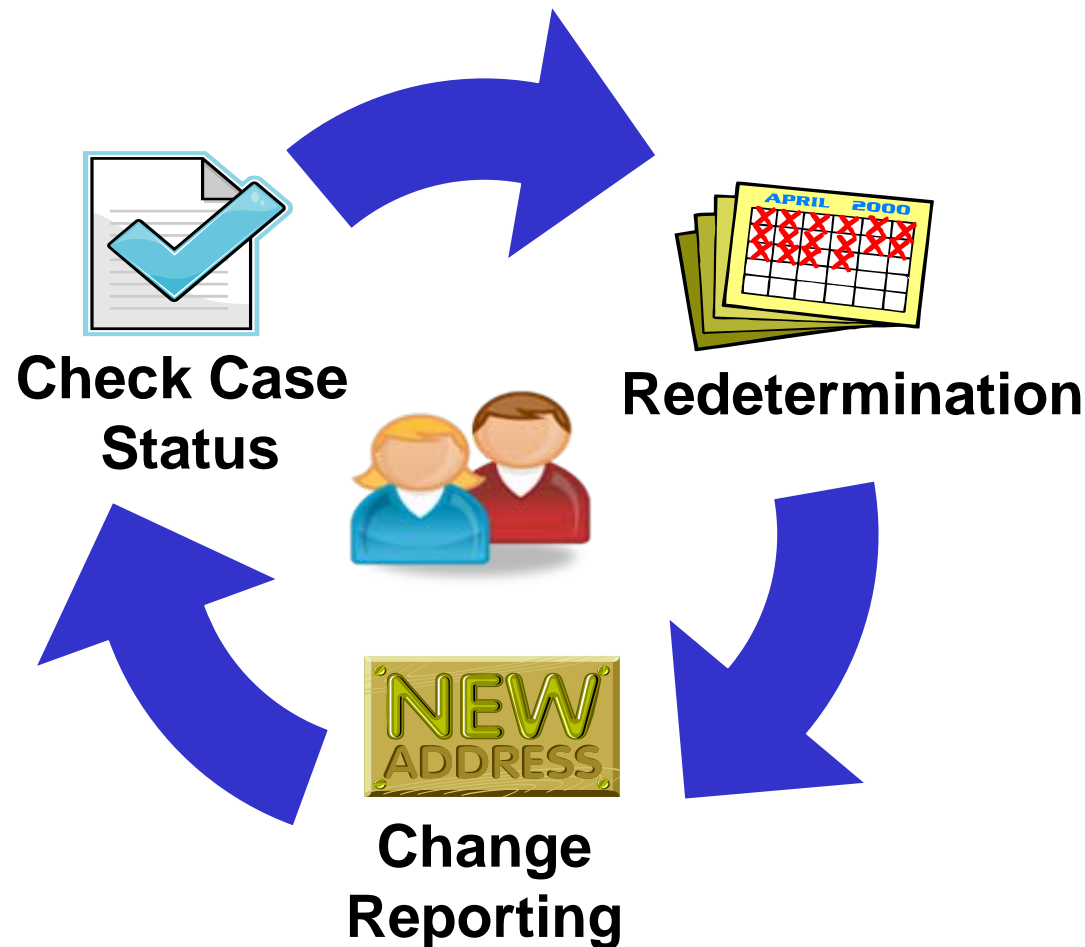


Step 1 - Applicant starts application at a local DFR office



Step 2 – Applicant completes, signs and submits application

Managing Benefits in the New System



Check Case Status

- **Applicants can check the status of application with:**
 - ✓ Internet
 - ✓ Call Center Representative
 - ✓ 24 Hour Automated System
- **Applicants must provide case number and date of birth *or* last four digits of Social Security Number to check status.**



Redetermination



- The Redetermination process includes five steps:
 1. An Appointment Letter (for an Interview) is sent to client.
 2. Eligibility Specialist conducts Redetermination Interview on the phone (unless in-person is requested or necessary).
 - After the Interview, a Redetermination packet (summary information, signature page and documents needed) will be mailed to the client.
 3. Client signs and mails or FAXes the Redetermination documents to the Document Center.
 - Document Center scans the Redetermination documents into the system.
 - Eligibility Specialist is notified that Redetermination documents are ready.
 4. Eligibility Specialist reviews for completeness and forwards to a State Worker.
 5. A State Worker determines client eligibility.

Change Reporting

- **To report a change of address, income or household members, clients can use:**
 - ✓ Internet
 - ✓ Call Center (with a Representative or Automated System)
 - ✓ Local DFR Office



Using the Call Center

- **Call Center Main Menu Options (English or Spanish):**

1. Apply for Assistance (by speaking with a Representative)
2. Find a Local DFR Office
3. Report a Change (income, address, etc.)
4. Check Case Status
5. Reschedule an Interview
6. Letter or Notice
7. Report Suspected Fraud
8. More Options
 1. Trouble getting required information
 2. Electronic Benefit Transfer (EBT) Questions
 3. Frequently Asked Questions (FAQs)
 4. Third Party inquiry (case-specific or general)
 5. Other Questions



Using the Call Center (cont.)

- **Call Center Representatives available 7am-7pm (local time)**
- **The Automated System (after hours) gives the following options:**
 1. Find a Local DFR Office
 2. Check Case Status
 3. Report a Change (leave a message with address, income, household changes)
 4. Listen to Frequently Asked Questions regarding:
 1. Programs (Food Stamps, Cash Assistance (TANF), Medicaid, Hoosier Healthwise, Medicaid for nursing home care, IMPACT)
 2. Reporting Changes
 3. Electronic Benefit Transfer (EBT) Questions
 4. Fraud
 5. Service Center mailing address/FAX number
 6. Disagreements with a Case Decision
 5. EBT Questions (to obtain more detailed EBT account information from JP Morgan)

How You Can Help

Client Benefits of V-CAN Membership

- **Convenient locations within the local community, reducing travel requirements.**
- **Opportunity to access aid without stigma of going to a “welfare office”**
- **Clients may feel comfortable asking questions about how to apply for benefits with people they trust.**

Provider Benefits of V-CAN Membership

What's in it for you?

■ Enhancing Your Services

- Today, you answer questions about public assistance.
- In the new system, you can offer on-site access to benefit applications and information.

■ Maximizing Resources in the New System

- Today, a family visits your free neighborhood health clinic for services, utilizing your privately-raised funding when Medicaid should pay the bill.
- In the new system, you can encourage the family to apply for Medicaid benefits *right in your office*.

■ Accessing up-to-date information on Eligibility Modernization

- By becoming a V-CAN member, you will receive client outreach materials, bi-monthly newsletters and information updates on upcoming developments with the Eligibility Modernization project.

Becoming an Access Point

- V-CAN membership is completely voluntary. An Access Point will provide **at least one** of the following:
 - **Computer**
 - Internet (Internet Explorer 6.0 or Netscape 7.0 - Free download)
 - Adobe Acrobat Reader version 4.0 or newer (Free download)
 - Printer (Optional, if computer is provided)
 - **Phone**
 - **Fax**
 - **Mail**
- Access Points can choose to provide the method(s) of access (computer, phone, etc) that make sense for clients and available resources.
- Access Points can choose to be publicized (serve the public) or non-publicized (serve current clients only).

V-CAN Communication & Support

- **Communication to all V-CAN members**
 - Bi-Monthly newsletters
 - Updates via email
 - Article inserts for member newsletters
- **V-CAN Client Support Materials**
 - Access Points will receive Call Center tip cards, Internet roll-menus, and other client educational information for clients to use.
 - Access Points and Referral Members will receive posters and postcards with information about how clients can access the new system.
 - Complete the **V-CAN Materials Request Form** will be found at www.in.gov/fssa to request materials.
- **Become a V-CAN Member or upgrade your membership**
 - Visit www.in.gov/fssa and click “Eligibility Modernization”
 - Complete the V-CAN Registration form

Your Participation Counts!

■ Review Sample V-CAN Materials

- Samples of posters, postcards, Internet roll-menus and Call Center tip cards are available for your feedback immediately following this presentation.

■ Grant County Service Center Open House

- V-CAN members are invited to an open house at the Grant County Service Center early this fall.
- Invitations coming soon!

■ Region 1 Implementation and Feedback

- Region 1 Implementation is targeted for late October 2007.
- Email vcn@us.ibm.com to let us know how the Region 1 implementation is going for your clients.

Questions?

Find us online!

www.in.gov/fssa , click on
“Eligibility Modernization”

Contact Information

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